PART B - FEE(S) TRANSMITTAL

(,	ALY 0 3 2006		or <u>F</u>	Eax (Aiexandria, virg (571)-273-2885	mia 22313-1450		
INSTRUCTIONS: The for appropriate. All further indicated unless corrected maintenance fee notification	rm should be used for tran respondence including the below-act like ied otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PU ders and notifically specifying a re-	JBLIC. cation of new co	ATION FEE (if requot maintenance fees verespondence address)	ired). Blocks I through 5 will be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as sarate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				1	Fee(s) Transmittal. The papers. Each additions	is certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must	
	590 02/13/2006			_	Cer	tificate of Mailing or Tran	smission	
PERMAN & GR 425 POST ROAD FAIRFIELD, CT 0		1 8 t	hereby certify that the States Postal Service valdressed to the Mail ransmitted to the USP	is Fee(s) Transmittal is being with sufficient postage for fill Stop ISSUE FEE address TO (571) 273-2885, on the	g deposited with the United rst class mail in an envelope above, or being facsimile date indicated below.			
05/04/2006 CCHAU2 00000020 10500973					Jessica Pace (Depositor's name)			
01 FC:1501 1400.00 OP					(Signature)			
02 FC:1504 300.00 OP					May 11=2006 (Date)			
APPLICATION NO.	FILING DATE	1	FIRST NAMED II	NVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/500,973 12/06/2004 Josef Beller 860-011849US(PAR)20020189 3169								
TITLE OF INVENTION: V	ISUAL FAULT DETECTION	ON FOR OPTICAL	, MEASUREME	ENTS				
APPLN. TYPE	SMALL ENTITY	ISSUE FI	TEE PU		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	05/15/2006	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS			
NGUYEN, TU T					356-073100			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	RESIDENCE DATA TO B							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Agilent Technologies, Inc. Palo Alto, C					California			
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
4a. The following fee(s) are enclosed: Ab. Payment of Fee(s): Ab.								
5. Change in Entity Status	(from status indicated above)			<u> </u>	***		
	MALL ENTITY status. See		• • •			LL ENTITY status. See 37 C		
NOTE: The Issue Fee and P interest as shown by the reco	ublication Fee (if required) vords of the United States Pate	vill not be accepted ent and Trademark	from anyone of Office.	or to re ther tha	n the applicant; a regi	y paid issue fee to the application stered attorney or agent; or the	ation identified above. he assignee or other party in	
Authorized Signature	South V	Losen C	fr/		Date 1 Ma			
Typed or printed name _	Soseph V. Ga	ımberdell 🖊	Jñ.		Registration N	o. 44,695		
This collection of information application. Confidential submitting the completed aphis form and/or suggestions	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT for reducing this burden. sh	11. The information 122 and 37 CFR I O. Time will vary could be sent to the	n is required to of 1.14. This collect depending upon this Chief Information	obtain of tion is the in tion Of	or retain a benefit by the estimated to take 12 m dividual case. Any conficer, U.S. Patent and	ne public which is to file (anninutes to complete, includir mments on the amount of ti Trademark Office, U.S. Dep	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Docket No. TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) 860-011849-US (PAR) (37 C.F.R. 1.311) Applicant(s): Josef Beller Group Art Unit Application No. Filing Date Examiner Customer No. Confirmation No. Nguyen, Tu T. 2512 2877 3169 10/500,973 12/06/2004 Invention: VISUAL FAULT DETECTION FOR OPTICAL MEASUREMENTS Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith are the following for the above-identified application. ☑ Issue Fee Transmittal Form PTOL-85 X Plant Fee: Utility Fee: □ Design Fee: \$ 1400.00 \$300.00 ☑ Publication Fee: A check in the amount of \$1,700.00 is attached. ☑ The Director is hereby authorized to charge and credit Deposit Account No. 16-1350 as described below. Charge the amount of Credit any overpayment. \boxtimes Charge any additional fee required. ☐ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: May 1, 2006 Joseph V/Gamberdell, Jr. Registration No. 44,695 CC: Certificate of Transmission by Facsimile This certificate may only be used if paying Certificate of Mailing by First Class Mail by deposit account. I certify that this document and authorization to charge deposit I hereby certify that this correspondence is being deposited account is being facsimile transmitted to the United States with the United States Postal Service with sufficient postage as and Trademark Office (Fax No. first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 05/01/2006 (Date) (Date) Signature of Person Mailing

Signature

Typed or Printed Name of Person Signing Certificate

Jessica L. Pace Typed or Printed Name of Person Mailing Correspondence